

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
County Registrar No. 93
Local Registrar No. 3

No. 34 Davis Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Juan Hernandez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Jan 25 1925
Month Day Year

8. FATHER Full name Ernesto Hernandez 14. MOTHER Full maiden name Isidra Magdalen

9. Residence (Usual place of abode) Miami, Ariz 15. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 16. Color or race Mexican
11. Age at last birthday 29 (Years) 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico
(State or country) (State or country)

13. Occupation Miner 19. Occupation House wife
Nature of industry Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature _____ Address _____
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year

Registrar

189-105-945